PTO/SB/05,40

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| Under the Paperwork Reduction Act of 1995, no persons are required to respo | Attorney Docket No. | | | | | | |
| PATENT APPLICATION | First Inventor Matthew A. Goldstein | | | | | | |
| TRANSMITTAL | Method for alerting a User Title Locator Entity of Lost Persons | | | | | | |
| (Only for new nonprovisional applications under 37 CFR 1.53(b)) | Express Mail Label No. EU014511551US | | | | | | |
| APPLICATION ELEMENTS | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application | | | | | | |
| See MPEP chapter 600 concerning utility patent application contents. Fee Transmittal Form (e.g., PTO/SB/17) (Submut an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. Specification [Total Pages 12] - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure Drawing(s) (35 U.S.C. 113) [Total Sheets 2] 5. Oath or Declaration [Total Pages 2] Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) | Washington, DC 20231 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. (Should be specifically itemized) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 | | | | | | |
| 6. Application Data Sheet. See 37 CFR 1.76 | or its equivalent. 17. Other: | | | | | | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) Of prior application No For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | | | | | |
| 19. CORRESPON | DENCE ADDRESS | | | | | | |
| Customer Number or Bar Code Label (Insert Customer No. or Attact | or Correspondence address below that code lubal hard) | | | | | | |
| Name Matthew A. Goldste | in | | | | | | |
| c/o William H. Con | 1ey | | | | | | |
| Address 33631 East Future | Road | | | | | | |
| City Marana | State Arizona Zip Code 85653 | | | | | | |
| Country United States To | elephone 520-682-4364 Fax 520-616-0069 | | | | | | |
| Name (Print/Type) Matthew A. Goldstei | n Registration No. (Attorney/Agent) | | | | | | |
| Signature Signature | Date 12/24/01 | | | | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours a complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Complete (if applicable)

PTO/SB/17 (11-01)

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Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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| Complete if Known | | | | | | |
|----------------------|---------|----|-------------|---|--|--|
| Application Number | | | | | | |
| Filing Date | | | | | | |
| First Named Inventor | Matthew | Α. | Goldstein . | | | |
| Examiner Name | | | | | | |
| Group Art Unit | | | | | | |
| Attorney Docket No. | | | | á | | |

| METHOD OF PAYMENT (check all that apply) | FE | E CALCULATION (continued) | | | | |
|---|---|---|----------|--|--|--|
| Check Credit card Money Other None | 3. ADDITIONAL FEES | | | | | |
| Order Order | arge Entity Small Entity | | | | | |
| Deposit Ccount: | Fee Fee Fee | Fee Description | Fee Paid | | | |
| Account Number | * * 1 | Surcharge - late filing fee or oath | | | | |
| Deposit Account | 127 50 227 25 S | Surcharge - late provisional filing fee or | | | | |
| Name | | cover sheet | | | | |
| The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments | 139 130 139 130 N | Non-English specification | | | | |
| Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application | 147 2,520 147 2,520 F | For filing a request for ex parte reexamination | | | | |
| Charge fee(s) indicated below, except for the filing fee | | Requesting publication of SIR prior to Examiner action | | | | |
| to the above identified deposit account. | | Requesting publication of SIR after | | | | |
| FEE CALCULATION | E | Examiner action | | | | |
| 1. BASIC FILING FEE | 110 (110)210 35 | Extension for reply within first month | | | | |
| Large Entity Small Entity | | Extension for reply within second month | | | | |
| Fee Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid | | Extension for reply within third month Extension for reply within fourth month | | | | |
| 101 740 201 370 Utility filing fee 370 | | | | | | |
| 106 330 206 165 Design filing fee | 1 | Extension for reply within fifth month | | | | |
| 107 510 207 255 Plant filing fee | 1 | Notice of Appeal | | | | |
| 108 740 208 370 Reissue filing fee | Į. | Filing a brief in support of an appeal | | | | |
| 114 160 214 80 Provisional filing fee | | Request for oral hearing Petition to institute a public use proceeding | | | | |
| SUBTOTAL (1) (\$) 370 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Petition to revive - unavoidable | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | Petition to revive - unintentional | | | | |
| Fee from Extra Claims below Fee Paid | · • | Utility issue fee (or reissue) | | | | |
| Total Claims20** = X = | 143 460 243 230 | Design issue fee | | | | |
| Independent Claims - 3** = X = | 144 620 244 310 | Plant issue fee | | | | |
| Multiple Dependent = | 122 130 122 130 1 | Petitions to the Commissioner | | | | |
| | 123 50 123 50 1 | Processing fee under 37 CFR 1 17(q) | | | | |
| Large Entity Small Entity Fee Fee Fee Fee Fee Description | 126 180 126 180 | Submission of Information Disclosure Stmt | | | | |
| Code (\$) Code (\$) | 581 40 581 40 | Recording each patent assignment per property (times number of properties) | | | | |
| 103 18 203 9 Claims in excess of 20 | | | | | | |
| 102 84 202 42 Independent claims in excess of 3 | | Filing a submission after final rejection (37 CFR § 1.129(a)) | | | | |
| 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 ** Reissue independent claims | | For each additional invention to be | | | | |
| over original patent | | examined (37 CFR § 1.129(b)) | | | | |
| 110 18 210 9 ** Reissue claims in excess of 20 and over original patent | 1 | Request for Continued Examination (RCE) | | | | |
| and over original paterit | 169 900 169 900 | Request for expedited examination of a design application | | | | |
| SUBTOTAL (2) (\$) 0 | Other fee (specify) | | <u> </u> | | | |
| | *Reduced by Basic Filing | Fee Paid SUBTOTAL (3) (\$) | 0 | | | |
| **or number previously paid, if greater, For Reissues, see above | recovered by basic raing | | | | | |

SUBMITTED BY Registration No. Telephone Name (Print/Type) 602-326-9650 Matthew A. Goldstein (Attorney/Agent) Date Signature 12/24/01

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